

Bureau of Health Care Quality & Compliance

PRINTED: 12/22/2009
FORM APPROVED2/5/10 POC accepted
B. Cavanagh HFSTT

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS503S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/09/2009
NAME OF PROVIDER OR SUPPLIER DELMAR GARDENS OF GREEN VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 100 DELMAR GARDENS DRIVE HENDERSON, NV 89014		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 12/3/09 and finalized on 12/9/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00023758 was substantiated with deficiencies. Please refer to Tag S230 Complaint #NV00023783 was substantiated with deficiencies. Please refer to Tag S230 Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified:	Z 000	<u>Public Notice and Disclaimer:</u> This plan of correction is signed and submitted as required under State law. The signing and submission of this plan does not constitute an admission on the part of Delmar Gardens of Green Valley ("facility") as to the accuracy of the surveyor's findings or the conclusions drawn there from. The plan of correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency or the scope and severity regarding any of the deficiencies cited is correctly applied. Any changes to facility policies and procedures shall be considered to be subsequent remedial measures as that concept is applied in Rule 407 of the Federal Rules of Evidence and NRS 48.095 and shall be inadmissible in any proceeding on that basis. The facility submits this plan of correction with the intention that it shall be inadmissible by any third party in any regulatory, civil or criminal action against the facility or any employee, agent, officer, director or shareholder of the facility Do to the nature of the reporting system that the Bureau of Health Care Quality and Compliance is required to utilize many of the reports that the facility voluntarily submits for review are categorized as complaints and thus are included with any actual "complaints" for review. This may mean that the number of actual complaints noted is not truly represented and is overstated.		
Z230 SS=E	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant	Z230			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

DG5Q11

If continuation sheet 1 of 2

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Z230	<p>Continued From page 1</p> <p>to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure that urethral bleeding and clots were accurately assessed, that a Foley catheter was removed in accordance with professional standards of practice, and that nursing staff accurately documented assessments and actions related to the care of a Foley catheter for 1 of 4 residents (Resident #1). Based on interview and record review, the facility failed to ensure staff utilized the appropriate resources for an emergency transfer to an acute care facility for 1 of 4 residents (Resident #4). As a result the call for the emergency transport was delayed. Severity: 2 Scope: 2</p>	Z230	<p>Z230 (Complaint) The facility will continue to promote the necessary care and services to attain and maintain the highest practicable physical, mental and psychosocial well being of each resident.</p> <p>Resident #1: Resident no longer resides in facility.</p> <p>Resident #1 has a history of acute kidney injury including rhabdomyolysis, pseudomonas urinary tract infection, urosepsis, and benign prosthetic hypertrophy, which could have contributed to the urethral bleeding and clots.</p> <p>The RN/Staff Development Coordinator will re-in-service licensed nursing staff on the clinical assessment of urethral bleeding and clots, technique for removal of Foley catheters, documentation, monitoring and Q-shift daily documentation. Residents with Foley catheters will be documented on the 24-hour Nursing Report.</p> <p>The Director of Nursing or designee will conduct random audits of nursing documentation and care as it relates to the assessment and care of a Foley catheter during routine daily rounds.</p> <p>The Director of Nursing will report findings to the QA Committee.</p> <p>Completion date: January 8, 2010</p> <p>Resident #4: Resident no longer resides in facility.</p> <p>Continued on Additional Sheet.....</p>	

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Z230	<p>Continued From page 1</p> <p>to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure that urethral bleeding and clots were accurately assessed, that a Foley catheter was removed in accordance with professional standards of practice, and that nursing staff accurately documented assessments and actions related to the care of a Foley catheter for 1 of 4 residents (Resident #1). Based on interview and record review, the facility failed to ensure staff utilized the appropriate resources for an emergency transfer to an acute care facility for 1 of 4 residents (Resident #4). As a result the call for the emergency transport was delayed. Severity: 2 Scope: 2</p>	Z230	<p>The medical record indicates that Resident #4 was a Category 2 (no CPR). The record indicates that at 00:15am, the resident presented with, "groaning and grimacing," and was unresponsive to questions. Vital signs were within the resident's normal limits. The nurse contacted the physician and the record states that the physician ordered to transport the resident to the hospital for further evaluation. At 00:30am, the nurse contacted emergency services (911) and notified the dispatcher of resident's condition. The dispatcher triaged per protocol and based upon the condition of the resident dispatched a non-emergency transport. At 00:45, the resident showed no signs of any change in condition. At 00:55, the certified nursing assistant assigned to assist in monitoring the resident's status notified the charge nurse that the resident's groaning and grimacing had ceased. The charge nurse immediately contacted emergency services (911 again) and also requested the assistance of another registered nurse. At 01:00am, the medical record indicates that the assisting registered nurse indicated that the resident had expired.</p> <p>The key here is that this was NOT an emergency transport until the change in condition noted at 00:55am. The dispatcher made the initial determination of non-emergent transport.</p> <p>The DON and RN/Staff Development Coordinator will in-service all licensed nursing personnel on the "inter-facility transport request" form as provided by the Division Chief of Emergency Medical Services for use when calling for 911 services. Charge Nurses will document all emergency transports on the 24-hour report.</p> <p>The Director of Nursing or designee will monitor emergency transports from the facility for compliance during routine daily rounds from the 24-hour report.</p> <p>The Director of Nursing or designee will report findings to the QA Committee.</p> <p>Completion date: January 8, 2010</p>	

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If continuation sheet 2 of 2

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